

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
**(FOR USE WITH FORM PTO-875)**

SERIAL NO. <b>09/720448</b>	FILING DATE
APPLICANT(S)	

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
	1	/					51			
2		/					52			
3		7					53			
4							54			
5							55			
6							56			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS	3						TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS